

**DOCUMENT NAME: Printing - GSA****DAFIS DOCUMENT TYPE: 37**

1. **Description:** GSA Requisition for Reproduction Services is used to request printing, graphics, and audiovisual work from GSA.
2. **Primary Forms:** GSA-50, Requisition for Reproduction Services
3. **Related Forms:** None.
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 3794904FAB001

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site</u>	<u>FY Contract Originated</u>	<u>Region</u>	<u>Program Element</u>	<u>Document Sequence</u>	<u>Suffix</u>
37	94	90	4	F	AB	001	

5. **Accounting Line:** If multiple accounting lines are used, a different suffix is required for each accounting line.

SAMPLE: 2/F/401/136/30/0/AB/12345/2409

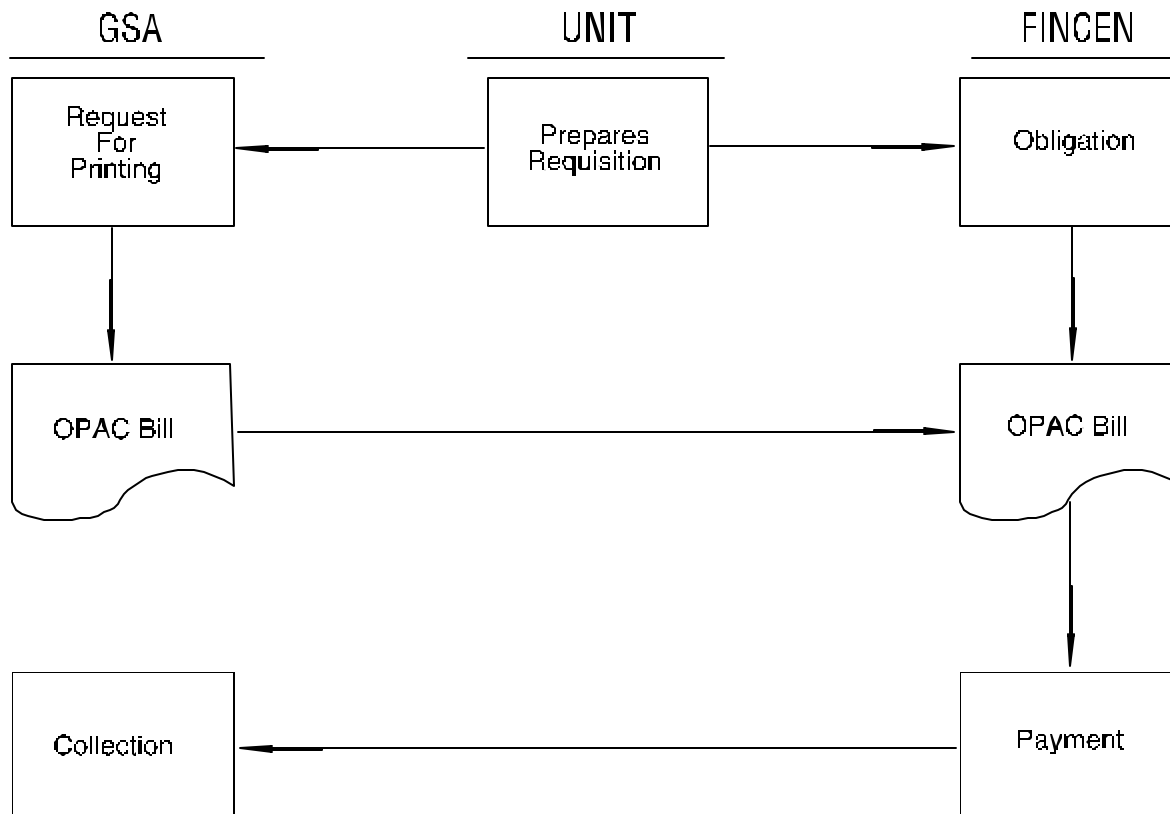
6. **FINCEN Critical Processing Requirements:** Issuing units must ensure that the following information is included on each GSA Form 50 submitted to FINCEN:
  - a. Full Requisition Number in block 1.
  - b. The Shop Job number must appear in the Shop Job No. block and must be legible.
  - c. The Billing Office Address Code (BOAC) must appear in block 10, followed by ALC 69-02-5102. (BOAC may be obtained from GSA)
  - d. The appropriate Treasury Symbol followed by a full line of accounting must appear in block 9. (See Appendix B for Treasury Symbol for the appropriation cited in the line of accounting.)
7. **Other Information:** None.
8. **LUFS Information:**
  - a. Standard generic input is made through the Record Spending module.
  - b. Obligation will transmit electronically via LUFS.

8. c. A copy of the GSA Form 50 should be mailed to FINCEN and should have the statement on the face of the document:

**"OBLIGATION TRANSMITTED ELECTRONICALLY VIA LUFS"**

- d. This document should have the public/government indicator set to "G".

**9. Document Flow:**



**Figure: 12F-3 Printing - GSA**

- a. Figure 12F-3 describes the procedures for processing the Printing - GSA form.
- b. The target unit prepares a GSA Form 50, Requisition for Reproduction Service describing the service required.
- c. One copy of the request is given to GSA, one copy is retained in the unit files, and one copy is mailed to the FINCEN. The copy mailed to the FINCEN must contain the Job Shop No. entered by GSA.
- d. The FINCEN receives an OPAC bill from GSA. Individual charges are spread to the unit.

**10. Sample Form:** See Figure 12F-4.

**11. PES Report:**

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
3794904FAB001000	051	94025FHAA	12345	2409	0.00	31.25	0.00	0.00
3794904FAB001000	136F	94055F111	12345	2409	0.00	31.25-	0.00	31.25

**12. References:** COMDTINST M5600.6, Policy and Procedures: Printing, Duplicating, Copying.

1. REQ. NO. (ACT NO. GSA ONLY) <b>3794904FAB001</b>		<b>REQUISITION FOR REPRODUCTION SERVICES</b>		SHOP JOB NO. <b>500640 0556</b>	
2. DATE PREPARED <b>04 JAN 1994</b>		This form is to be used for printing, duplicating, photographic reproduction, mailing and distribution services. Submit white, salmon, blue, and pink copies.			
3. DATE WORK REQUIRED <b>17 JAN 1994</b>					
4. AGENCY OR DEPARTMENT <b>DEPARTMENT OF TRANSPORTATION</b>		BUREAU <b>U. S. COAST GUARD</b>		DIVISION AND BRANCH <b>USCGC Neversail</b>	
5. LOCATION (Building, room, and street address) <b>1234 Coast Guard Blvd.</b>		CITY <b>Portsmouth</b>		STATE <b>VA</b>	ZIP CODE <b>23703-2197</b>
6. FOR INFORMATION CALL (Name and phone no.) <b>CWO(PERS) T.M.BARNES X4663</b>		9. APPROPRIATION AND ALLOTMENT CHARGEABLE <b>6940201</b> <b>2/F/401/136/30/0/AB/12345/2409</b>			
7. TYPE OF SERVICE <input checked="" type="checkbox"/> PRINTING AND/OR BINDING <input type="checkbox"/> ADDRESSING AND/OR MAILING <input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> MAILING LIST MAINTENANCE <input type="checkbox"/> OTHER _____		10. BILLED OFFICE ADDRESS CODE (BOAC) <b>696000 ALC 69-02-5102</b>			
8. SPECIFICATIONS QUANTITY REQUIRED <b>1000</b> COVER PAPER (W/L & color) <b>WHITE POND</b> NUMBER OF PAGES OF COPY SUBMITTED <b>01</b> TEXT PAPER (W/L & color) COLOR INK - COVER <b>BLUE</b> COLOR INK - TEXT PRINT: <input checked="" type="checkbox"/> ONE SIDE ONLY <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> HEAD TO FOOT <input type="checkbox"/> HEAD TO LEFT <input type="checkbox"/> HEAD TO RIGHT COMPLETED SIZE: <input type="checkbox"/> 5" x 8" <input checked="" type="checkbox"/> 8" x 10" <input type="checkbox"/> 8" x 11" <input type="checkbox"/> 8" x 14" <input type="checkbox"/> 11" x 17" <input type="checkbox"/> 16" x 21" <input type="checkbox"/> 17" x 22" <input type="checkbox"/> OTHER _____ MARGINS: <input type="checkbox"/> TOP " <input type="checkbox"/> PER ART <input type="checkbox"/> LEFT " <input type="checkbox"/> PER SAMPLE FOLD TO " x " ASSEMBLE: <input type="checkbox"/> AS PAGED <input type="checkbox"/> AS FOLIOED <input type="checkbox"/> PER DUMMY BINDING: <input type="checkbox"/> PERFECT <input type="checkbox"/> SADDLE WIRE <input type="checkbox"/> PLASTIC COMB <input type="checkbox"/> SCREW POST <input type="checkbox"/> ACCO <input type="checkbox"/> LOOSELEAF STAPLED: <input type="checkbox"/> ON TOP <input type="checkbox"/> LEFT SIDE NO. OF STAPLES: <input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE PADDED: NO. SHEETS PER PAD PUNCHING: <input type="checkbox"/> TOP <input type="checkbox"/> RIGHT SIDE <input type="checkbox"/> BOTTOM <input type="checkbox"/> LEFT SIDE NO. OF HOLES DIAMETER POSITION OF HOLES C TO C		11. CUSTOMER CONVERSION CODE (CCC), GSA ONLY			
		12. FORM NUMBER AND TITLE OR DESCRIPTION OF MATERIAL TO BE PRINTED <b>C. G. LETTERHEAD</b>			
		13. SPECIAL INSTRUCTIONS (For additional space attach plain sheet, check here <input type="checkbox"/>  <b>EST. COST \$31.25</b>			
		14. DISTRIBUTION MAIL OR DISTRIBUTE ON: <input type="checkbox"/> HAND LIST ATTACHED <input type="checkbox"/> MAIL LIST NUMBER/CODE <input type="checkbox"/> PRINTOUT ATTACHED <input type="checkbox"/> OTHER (Explain under Special Instructions)			
		15. DELIVERY NUMBER OF COPIES <b>1000</b> NAME OF PERSON TO WHOM WORK IS TO BE DELIVERED <b>CWO4 J.J. Smith</b> BUILDING <b>USCGC Neversail</b> ROOM NO.			
16. GPO SOURCES HAVE BEEN CONSIDERED AND THIS REQUEST IS IN COMPLIANCE WITH JCP REGULATIONS, INCLUDING PARAGRAPH 41-2.  <b>J.J. Smith</b> <b>J.J. Smith, CWO4, USCG</b> SIGNATURE DATE		CERTIFICATION THIS WORK IS AUTHORIZED BY REGULATIONS AND IS NECESSARY TO THE CONDUCT OF OFFICIAL BUSINESS AND THE SPECIFICATIONS ARE THE MINIMUM NECESSARY TO MEET AGENCY REQUIREMENTS.  <b>C.G. Coast</b> 7JAN94 <b>C.G. Coast, LCDR, USCG</b> APPROVING OFFICER (Signature and date)		THE USE OF MORE THAN ONE COLOR IS IN ACCORDANCE WITH DEPARTMENT REGULATIONS. THE ILLUSTRATIONS USED IN THIS PUBLICATION ARE FUNCTIONAL AND RELATE ENTIRELY TO THE PUBLIC BUSINESS.  APPROVAL (Signature and date)	

GENERAL SERVICES ADMINISTRATION

GSA FORM 50 (REV. 11-80)

Figure 12F-4 GSA-50, Requisition for Reproduction Services